Name in Full: Mary Jane Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Cove Pt. | Town | County: Calvert

Date of death: 1904 April 10 | Age: 80 Months — Days —

Sex: Female | Color or Race: White | Birthplace: Calvert Co, Md

Occupation: None | Where Residing if not at place of death: at home

Married, Single or Widowed: Widowed | Name of Wife or Husband: James Bailey

Father's Name: David Davis | Father's Birthplace: Unknown

Mother's Maiden Name: Olivia Sutton | Mother's Birthplace: Calvert Co.

Name of person giving Information: Basil T. Bailey | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis | How long: 11 Mos.

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. H. Chambers M.D.

Address: Lusby, Calvert Co

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Thomas N. Boone Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baraw — County: Calvert

Date of death 1904: Month: April — Day: 18 — Age: Years — Months — Days: 8

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Thomas N Boone Sr — Father's Birthplace: Calvert Co

Mother's Maiden Name: Lizzie Brady — Mother's Birthplace: Calvert Co

Name of person giving Information: Thos N Boone — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 8 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Williams

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A80018

Name in Full: Florence Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Willows — Town: — County: Calvert

Date of death: 1904 — Month: April — Day: 14 — Age: Years 3 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Cal. Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Clement Dorsey — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Rebecca Crawford — Mother's Birthplace: " "

Name of person giving In formation: John H Dorsey — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 yrs.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Tuttle

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A4D316

Name in Full: Mary Gault

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Republic — County: Calvert

Date of death: 1904 — Month: April 4 — Day:

Age: Years: 82 3 mos — Months: — Days:

Sex:

Color or Race: Colored

Birthplace: Calvert Co

Occupation: Nurse Keeping

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: John Gault

Father's Name: Thomas Hall

Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary Hinson

Mother's Birthplace: Calvert Co

Name of person giving Information: Flora Sanders

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Gen Debility~~ Debility — How long: 1 year

Immediate: Reported by John T. Mowbray — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: John Samuel Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Harmony — County: Calvert

Date of death 1904 — Month: April — Day: 16 — Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Mt Harmony

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George W. Hall — Father's Birthplace: Calvert Co

Mother's Maiden Name: Kate Maynard — Mother's Birthplace: A. A. Co

Name of person giving information: Jamie Hall — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hooping Cough — How long: 3 weeks

Immediate: Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. M. Chaney M.D.

Address: Chaney, Md

Accident or Suicide?

LIBRARY BUREAU A08510

Name in Full: Julia Howe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Lower Marlboro

County: Calvert

Date of death 1904: Month: April; Day: 6

Age: Years: 63; Months: 1; Days: —

Sex: Female

Color or Race: African

Birthplace: Calvert Co

Married, Single or Widowed: Married

Occupation: Housekeeper

Name of Wife or Husband: Dennis Howe

Father's Name: Wm Rawlings

Father's Birthplace: Calvert Co

Mother's Maiden Name: Lucy Riggs

Mother's Birthplace: Calvert Co

Name of person giving information: Alex Dickerson

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage & Valvular Dis. of Heart

How long: 12 days

Immediate: General Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ed H Hinman

Address: Lower Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah A Jefferson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Beach; County: Calvert

Date of death: Month: April; Day: 24; 1904

Age: Years: 80; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Calvert Co

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Dory Jefferson

Father's Name: Unknown (by the one giving information)

Father's Birthplace:

Mother's Maiden Name: Unknown

Mother's Birthplace:

Name of person giving information: Jameson Holland

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Six weeks

Immediate: Exhaustion and Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J L Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Susie Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown | County: Calvert

Date of death: 1904 | Month: Apl. | Day: 24 | Years: Age 9 | Months | Days

Sex: Female | Color or Race: Black | Birthplace: Cal. Co

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Single | Name of Wife or Husband

Father's Name: Bill Jenkins | Father's Birthplace: Cal. Co.

Mother's Maiden Name: Verdie Baden | Mother's Birthplace: " "

Name of person giving Information: Henry Cox | How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns | How long

Immediate: Shock | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Leitch

Address: Huntingtown Md

Accident or Suicide? Accident

LIBRARY MUSEAU A88516

Name in Full: Benjamin King

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Harmony — County: Calvert

Date of death: Month: April — Day: 17 — 1904

Age: Years: 65 — Months — Days

Sex: male — Color or Race: White — Birthplace: Sunkirk, Md.

Occupation: Farmer — Where Residing if not at place of death: Mt Harmony

Married, Single or Widowed: Widowed — Name or Wife or Husband: Isabel King

Father's Name: John King — Father's Birthplace: Calvert Co.

Mother's Maiden Name: Isabel Taymon — Mother's Birthplace: Pr. Geo. Co.

Name of person giving Information: T. M. Chaney — How related to deceased: in no way

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 5 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. M. Chaney M. D.

Address: Chaneyville Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Kuig –

CERTIFICATE OF DEATH

MARYLAND

Died near — Town: Chaneyville — County: Calvert

Date of death 1904 — Month: April — Day: 3 — Age: Years 63 — Months 6 — Days 17

Sex: Male — Color or Race: White — Birthplace: Calvert Co

Married, ~~Single~~ or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Amelia D. Kuig

Father's Name: Thos Kuig — Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary Leatherbury — Mother's Birthplace: " "

Name of person giving information: Son Thos R. Kuig — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Emphysema & Dilatation of Heart — How long: 3 months

Immediate: Cardiac Failure — How long: 12 hours –

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hunnar

Address: Co. Mearboro, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6818

Name in Full: Sarah A. Marsh.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Solomons; County: Calvert

Date of death 1904: Month: April; Day: 5th

Age: Years: 80; Months: 8; Days: 10

Sex: Female

Color or Race: White

Birthplace: Anne Arundel Co. Md.

Married, Single or Widowed: Widow

Occupation:

Name of Wife or Husband: Henry C. Marsh.

Father's Name: Henry Hodges

Father's Birthplace: Anne Arundel Co. Md.

Mother's Maiden Name: Delia Pumphrey

Mother's Birthplace: Anne Arundel Co. Md.

Name of person giving In formation: W. H. Marsh,

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of neck of femur

How long: 19 Months.

Immediate: Exhaustion

How long: 3 Wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. H. Marsh,

Address: Solomons, Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A66510

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hellens — County: Calvert

Date of death 1 90 — Month: Apl — Day: 21 — Age — Years: 44 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Hellens Md

Occupation: Farmer — Where Residing if not at place of death: Hellens Md

Married, Single or Widowed: Married — Name of Wife or Husband: Eugene Freeman

Father's Name: Jno T Edelen — Father's Birthplace: Calvert Co

Mother's Maiden Name: Amelia Ann Cook — Mother's Birthplace: Calvert Co

Name of person giving Information: Jno T Edelen — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe — How long: 2 weeks

Immediate: Pneumonia — How long: 2 Days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: P Price

Address: Prince Md

Accident or Suicide?

LIBRARY BUREAU A28616

Name in Full: Mary Rawlings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Willows — County: Calvert

Date of death: Month: April — Day: 21 — Years: Age 64 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Cal. Co.

Occupation: Wife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: John King

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Wesley Hall — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Tuttle

Address: Huntingtown Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John C. Sedwick

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Republic; County: Calvert

Date of death 1904: Month: April; Day: 18; Age: Years: 62; Months: 2; Days: 28

Sex: Male; Color or Race: White; Birthplace: Calvert Co, Md

Occupation: Minister; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband:

Father's Name: Joshua Sedwick; Father's Birthplace: Calvert Co, Md

Mother's Maiden Name: Jane Freeman; Mother's Birthplace: Calvert

Name of person giving Information: Dr. G. V. Copps; How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. How long: 18 months

Immediate: Asthenia + Chills. How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. Brison

Address: Prince Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Marion Virginia Smith

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Island Creek — County: Calvert

Date of death 1904: Month: April — Day: 3

Age: Years: — Months: — Days: 26

Sex: Colored — Color or Race: Colored — Birthplace: Calvert Co

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: John B Smith — Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Butler — Mother's Birthplace: " "

Name of person giving information: Martha Butler — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

Trash + coal

CAUSES OF DEATH

Primary — How long:

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

Dr Brantley A. Brad

LIBRARY BUREAU A66518

Name in Full: Leo R. Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Leonards; County: Calvert

Date of death: Month: April; Day: 27; 1904

Age: Years: —; Months: 7; Days: 12

Sex: Male

Color or Race: White

Birthplace: Calvert Co

Occupation: —

Where Residing if not at place of death: with parents

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James B. Williams

Father's Birthplace: Calvert Co

Mother's Maiden Name: Annie C. Williams

Mother's Birthplace: Calvert Co

Name of person giving Information: James B. Williams

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia

How long: 1 week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. F. Chambers MD

Address: Lusby Calvert Co

Accident or Suicide?

LIBRARY BUREAU A86816